

2140000 66678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K SALY
DEC 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Pet Clinic, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary-Beth Valley, Esquire

(Name of Person)

Burr & Forman LLP

(Firm/Company)

200 South Orange Avenue, Suite 800

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary-Beth Valley, Esquire at 407 540-6606

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

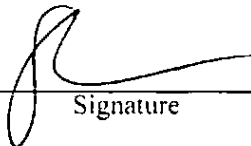
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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1. The name of a limited liability company is
Atlas Pet Clinic, LLC
2. The Articles of Organization were filed on April 23, 2014 and assigned
document number L14000066678
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
Sale of company's assets

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Charlemagne Chuacuco or Gemina Chuacuco
833 Cura Court
Oakland, Florida 34787

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Charlemagne Chuacuco
Printed Name

FILING FEE: \$25.00